1			Application or Docket Number												
	PATENT.	APPLIC	١.		,	•			1						
_			10068636						4						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAL TYPE	SMALL ENTITY TYPE				OTHER THAN		
TOTAL CLAIMS			11		i		RAT	Ē	FE	Ε	1	RATE	FEE	1	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370	.00	OR	BASIC FEE	740.0	5	
TOTAL CHARGEABLE CLAIMS			minus 20=		•		X\$ 9) <u>-</u>			OR	X\$18=		1	
INDEPENDENT CLAIMS			m	inus 3 =	<u> </u>		X42	X42=			OR	X84=		٦	
MULTIPLE DEPENDENT CLAIM PE				RESENT					+140=			OR	+280=		1
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	4		_	,	TOTAL	740	┨
	c		· I		_		OTHER		┪						
(Column 1)				(Column 2) (Column 3				SMA	LLE			OR	SMALL		┙
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID I		BER PRESENT		RAT	E	ADE TION FE	AL		RATE	ADDI- TIONA FEE	
	Total	. 11	-	Minus	-01	2		X\$ 9	- [OR	X\$18=	I	
	Independent	•	1	Minus		Ź_	اجنا	X42	-]	-7		OR	X84=		7
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									٠.	7	•	OR	+280=		٦
•								ADDIT.		7		OR	TOTAL ADOIT, FEE	1	٦
		(Colur			(Colur		(Column 3)							•	٦
AMENDMENT B	CLAIMS REMAINING AFTER			HIGHEST NUMBER PRESENT PREVIOUSLY EXTRA				PATI		ADE	AL		RATE	ADDI- TIONA	
	Total	AMEND	MENT	Minus	PAID	FOR	- 1	l	+	FE	H			FEE	-1
	Independent	- '		Minus	- 2	2	 	X\$ 9	1	_	Ц	OR	X\$18=	_	4
	FIRST PRESE		OF ML		PENDENT	CLAIM		X42	:	-4	_	OR	X84=		4
_	10	رم رم						+140			╝	OR	+280=		╛
	10/31/							ADDIT. F		4	لــ	OR	YOYAL ADDIT, FEE	4	1
		(Colum			(Colur		(Column 3)			<u> </u>					⅃
AMENDMENT C	REMAINING AFTER AMENDMENT				PREVIO	HER PRESENT		RATE		ADDI- TIONAL		Ì	RATE	ADDI- TIONA	
	Total	AMEND	()	Minus	PAID	/)	. 1	X\$ 9	+	FEE			X\$18=	FEE	1
	Independent		<u>a</u>	Minus	***	5 -	•		+		-	OR			4
₹	FIRST PRESE	NTATION	OF MI	ILTIPLE DE	PENDENT	CLAIM		X42:	4		_	OR	X84=		4
	f the eater in	mn 1 le les		a antou lo c-l		m' in co	2	+140:				OR	+280=		J
"If the crity in column 1 is less than the arry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												OR ,	TOTAL ADDIT. FEE]
	The "Highest Nur							found in the	appr	opriati	e box	in coh	umn 1.		ı
															┙

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